



CITY OF SUGAR LAND

Automatic Payment Plan (APP) Application

I authorize the City of Sugar Land Treasury Management Department to begin deduction from my account with the financial institution named below in the amount of my monthly utility bill. I understand that I may discontinue enrollment in APP at any time by sending my request in writing to the City of Sugar Land. I also understand that, as an APP customer, **I will continue to receive my monthly utility bill for review only.** I understand that both my financial institution and the City of Sugar Land have the right to terminate this payment plan or my participation therein. I understand the amount due for services shall be processed/bank drafted the Friday before the due date.

Date: _____

Signature: _____

Name Shown on Your Utility Bill: _____

Street Address: _____

City/Zip Code: _____

Utility Account No.: _____

Home Phone No.: _____ Work Phone No.: _____

Financial Institution's Name: _____

Account Number: _____ ☐ Savings ☐ Checking

Financial Institution's Phone Number: _____

Name(s) Appearing
on Your Account: _____

◆ **Remember to include a check marked "void" for the above account.** ◆

Visit The City of Sugar Land's Website: www.sugarlandtx.gov

Or email revenue@sugarlandtx.gov